

(for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		76029	11/13/07
RESPONSE FORMALITY REVIEW		76029	5/3/07

INDEX OF CLAIMS

.....	Rejected
.....	Allowed
(Through numeral)...	Canceled
.....	Restricted

N	Non-elected
I	Interference
A	Appeal
O	Objected

[illegible]

Claim		Date
Final	Original	
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Claim		Date
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**If more than 150 claims or 10 actions
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Best Available Copy